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REVIEW

Stress, burnout, and job dissatisfaction in mental health workers

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Abstract As the industrial world has transformed toward a service economy, a particular interest has developed in mental health problems at the workplace. The risk for burnout is significantly increased in certain occupations, notably for health care workers. Beyond the effects of an extensive workload, many working hours, or long night shifts, the medical field has specific stressors. Physicians work in emotionally demanding environments with patients, families, or other medical staff. They must make quick decisions while faced with a quite frequent information overload. All of these stressors have to be weighed against a rapidly changing organizational context within medicine. Today, economics objectives have priority over medical values in health care. In principal, mental health workers should experience similar work stressors and the same contextual factors as health professionals from other medical disciplines. However, several studies have identified stressors that are unique to the psychiatric profession. These challenges range from the stigma of this profession, to particularly demanding relationships with patients and difficult interactions with other mental health professionals as part of multidisciplinary teams to personal threats from violent patients. Other sources of stress are a lack of positive feedback, low pay, and a poor work environment. Finally, patient suicide is a major stressor, upon which a majority of mental health workers report post-traumatic stress symptoms.

Keywords Burnout · Depression · Stress · Job dissatisfaction · Physician · Psychiatrist · Mental health worker

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Introduction

Mental health issues have recently received considerable attention from the general public. Due to the industrial world's transformation to a service-based economy, particular interest has been raised about mental health problems at the workplace.

Mental disorders, notably depression, are one of the leading causes of work disability. Approximately 20 % of the working-age population is suffering from a mental disorder [23]. For example, in terms of public health statistics, the number of persons in Germany who are on sick leave because of a mental disorder nearly doubled from 1994 to 2010. Over the same period, the amount of time these people had signed off from work also doubled. In 2010, mental disorders in Germany accounted for 9.1 % of all persons on sick leave, who were absent from work an average of 23.4 days. By contrast, physicians with medical problems were absent only 7.1 days [2].

The need for disability benefits because of mental illness has placed one of the greatest burdens on pension funds in Europe. In Switzerland in 2001, about one-third of all persons receiving such benefits had a psychiatric diagnosis; by 2010, this proportion had increased to 41.9 % [6]. Persons in certain professions, including nursing, are more

likely to request these benefits [4]. When asked for an explanation, 70 % of men and 44 % of women have indicated that there is no opportunity for them to make their own decisions or rewards are lacking for their work [4]. These workplace stressors can trigger mental disorders. As such, mental illness poses one of the largest challenges to social and labor-market policies in industrialized countries.

The underlying reasons for this development are unclear. It is unlikely—or at least not supported by empirical evidence [23, 26]—that mental disorders are themselves becoming more prevalent. Instead, awareness of such problems and their impact on the capacity to work has been heightened among the people themselves, their Doctors and employers, and other relevant actors [23]. Employers incur substantial costs that arise from mental disorders through lost productivity or absence from work. Thus, the impact of these disorders on workers and organizations is of considerable interest, although the role of mental disorders as an occupational illness is controversial.

There has been a movement toward integrating well-established concepts of occupational psychology with the current concepts of mental disorders, for example, the association between job strain and depression [3, 27, 31]. Moreover, workers in high-strain jobs have reported more stress and job dissatisfaction. In turn, this has been associated with greater levels of perceived stress, poorer perceived mental health, and more days taken for disability [28]. Thus, measuring job dissatisfaction in the workplace can be a useful tool for detecting depression.

Within the occupational context, burnout, as a syndrome of emotional exhaustion, has become a favoured concept. In a Finnish study, burnout was significantly associated with job strain and was believed to be a mediator between stress and depression [1]. Subsequently, depression can be considered a risk factor for job loss and unemployment. It can also result in increased job turnover rates and lower-paying jobs. Factors suspected to influence job loss for depressed individuals include for example poor job performance and discrimination [18]. The risk for burnout, as detailed below, is significantly elevated in certain occupations, notably for health care workers [3].

The concept of burnout

The term was introduced by Graham Greene in 1961, in his novel *A Burn-Out Case*, in which a disillusioned architect leaves his job. The American psychiatrist Freudenberger [15] was one of the first to describe scientifically in 1975 how job burnout occurs as a psychological syndrome in response to chronic interpersonal stressors on the job. Subsequently, Pines et al. [25] defined burnout as a state of physical, emotional, and mental exhaustion, while Maslach and Jackson [20] characterized it in the three key dimensions: overwhelming exhaustion from chronic interpersonal stress, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of personal accomplishment at work. These are presented in Table 1.

According to Maslach et al. [12], exhaustion represents the individual-stress dimension of job burnout, that is, an inability to cope with work problems that subsequently consumes one's emotional and physical resources. Cynicism represents the interpersonal context, corresponding to a negative response to various aspects of the job. The sense of reduced efficacy or accomplishment applies to the self-evaluation dimension, being related to feelings of incompetence and a lack of achievement and productivity.

The first phase of this research in the 1970s was mostly exploratory, with the goal of describing the phenomenon of burnout. In the beginning, investigations were rooted in care-giving professions and human services, with a focus on the relationship between provider and client. Studies originated from a bottom-up approach derived from people's workplace experiences. This is one reason why the concept remains so popular in the general population. In the 1980s, the emphasis shifted to more empirical research,

Unfortunately, the Maslach Burnout Inventory (MBI) was previously published in detail in table 1 without permission of the publisher. Therefore, table 1 was removed in this final version of the article.

The complete Maslach Burnout Inventory can be purchased from the publisher Mind Garden, Inc. (www.mindgarden.com) .

using questionnaires and surveys within larger populations. The scale most widely used is the Maslach Burnout Inventory (MBI) [20]. In the 1990s, the concept was extended to professions beyond the human services [21].

Although this research on burnout has been enormously expanded during the last decades, several enduring issues continue to draw debate [21]:

- Is the burnout phenomenon distinctly different from other constructs such as depression, chronic fatigue, neurasthenia?
- How is burnout related to individual factors, demographic characteristics (age and sex), personality traits (e.g., hardiness, self-esteem, coping style, locus of control), and job attitudes?
- Are the three dimensions of burnout independent, or do they tend to develop over time and in a certain order?
- Which job characteristics predestine one for burnout (e.g., workload, time pressures, absence of social support, especially from superiors; a lack of adequate information, conflicting or ambiguous roles, no responsibility in decision-making, or a lack of autonomy)?
- Which occupational characteristics are associated with burnout—emotional challenges, frequency of contact with people, or severity of problems?
- How is burnout related to job performance (i.e., presenteeism, absenteeism, intention to leave the job as well as concomitant dissatisfaction and reduced dedication to the job or the organization)?
- Which organizational characteristics are associated with burnout (hierarchy, rules of communication, fairness, values, career opportunities, job security, or lifetime employment)?

In the meantime, the majority of these issues are supported by extensive evidence [21]. Most of these topics also apply to burnout in physicians in general and mental health workers in particular [24].

Doctors in distress

Devi [12] stated that "physicians have worryingly high rates of suicide and depression when compared with the general population… The problem seems to start at medical school but exact causes are still unknown. At medical school, competitiveness, the quests for perfection, too much autonomy coupled with responsibility, and the fear of showing vulnerability, have all been cited as triggers for mental ill health. … It seems that students remain scared of stigmatization and adverse effects on their careers if they seek help for any mental health issues."

Physicians' ill health is not only a personal problem but might also affect the quality of health care in general. Wallace et al. [30] have reviewed evidence for the impact of workload, stress, and related topics on physicians' health, including fatigue, burnout, depression, and substance use. The most relevant factors are shown in Table 2.

In a Canadian study, 64 % of physicians indicated that their workload is too heavy, and 48 % reported an increase in workload within the past year [7]. Beyond the effect of an extensive workload, many working hours, or long night shifts, the medical field entails unique stressors. Physicians work in emotionally demanding environments with patients, families, or other medical staff. Decisions must be made quickly while frequently facing an information overload that can possibly have a decisive impact on the

Table 2 Workplace stressors, contextual factors, and the impact of physicians' individual factors on personal health and quality of care (adapted from [30])

Workplace stressors
Workload
Work hours
Long shifts
Fatigue
Emotional stressful interactions
Cognitive demands/need for quick processing
Increased patient-care demands
Information overload
Restricted autonomy
Structural and organizational changes
Contextual factors
Confidentiality issues
Culture of medicine supporting self-neglect
Remuneration issues
Growing bureaucracy
Increased accountability
Cost control
Conflict between patients' and organization's needs
Physicians' characteristics
Indifference to personal needs
Neglect of self-care
Conspiracy of silence
Predisposing personality traits
Outcomes
Job dissatisfaction
Substance use
Relationship troubles
Depression
Burnout
Risk of suicide
Reduced productivity
Reduced quality of patient care
Increased risk of medical errors

lives of their patients. All of these stressors must be weighed against a rapidly changing organizational context in medicine. Today, economics objectives have priority over medical values in health care. This is a perspective that conflicts with almost all values of importance during the training of physicians. These factors contribute to a cycle of stress and reduced quality of care. Dissatisfied physicians are quite likely to change their discipline or leave the medical field entirely. In a Canadian survey, 50 % of physicians each week considered leaving academic medicine while 30 % thought about abandoning medicine altogether [7].

Undoubtedly, the medical workplace has evolved into a complex and demanding environment with a high risk of stress and burnout. But some physicians find this environment stimulating and exciting and do not experience burnout. Thus, it also should be pointed out that certain personality traits like neuroticism are predictive for the risk of experiencing burnout at the medical workplace [22].

Stress and burnout in mental health workers

In principal, mental health workers should experience similar employment stressors and the same contextual factors as health professionals from other medical disciplines. However, several studies have identified stressors specific to the psychiatric profession [17, 19]. These stem from the stigma often associated with this profession, especially the demanding relationships they have with patients, challenging interactions with other mental health professionals in multidisciplinary teams, personal threats from violent patients, and legalistic frameworks. Mental health professionals working as part of community teams are now feeling greater levels of stress and burnout as a result of heavier workloads, increasing administrative burdens, and a lack of resources. Other specific stressors are problems with time management, inappropriate referrals, safety issues, role conflict and ambiguity, lack of supervision, and general working conditions that are inadequate [13].

A systematic review of stress, stressors, and stress outcomes, particularly in the psychiatric field, has been conducted by Fothergill et al. [14]. A frequent and continuing complaint concerns the negative characteristics of patients and their relatives [11]. Other sources of stress are a lack of positive feedback, low pay, and a poor work environment [10]. Patient suicide is another major stressor for many mental health workers, with the majority reporting posttraumatic stress symptoms afterward [8]. Such work-related stress and symptoms of burnout tend to occur in younger psychiatrists [16].

Particularly following a patient suicide, social support from one's own family members or colleagues is an important resource for help in dealing with work-related problems [10]. However, psychiatrists tend to keep problems to themselves, a strategy quite common throughout the medical field. As studies in Sweden and the UK demonstrated, affirmative predictors for coping include good self-esteem, a manageable workload, positive attitudes toward superiors, and active involvement in the organization [29]. High levels of distress have been reported by about 25 % of all psychiatrists in the UK, who score above the threshold for vulnerability to psychiatric morbidity [16]. In a German survey of psychiatrists, 44.6 % indicated that they had already suffered from a depressive episode [5].

Factors contributing to job satisfaction include having a variety of tasks, being valued by and receiving support from others, and being informed about the entire organization [9].

In summary, we can say that a number of studies in Europe and the USA reported high levels of stress and burnout among mental health workers. Stress and burnout among mental health professionals have an impact on the quality and effectiveness of their work. In turn, a healthy workplace is a key factor for job satisfaction and a good quality of mental health workers' work with their patients.

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